FORM D

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

1387114

**PROCESSED** 

FORM D

SEP 172008 THOMSON REUTERS

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

	SEC USE ONLY	
Prefix	Serial	
	1	
	DATE RECEIVED	
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UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Private Placement of Participating Shares of Brookline Avenue Offshore Fund, Ltd.
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  SEC iviali Processing
Section 4(6)
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA SERVICE AND ASSESSMENT OF THE PROPERTY OF THE PRO
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Washington, DC
Brookline Avenue Ulfshore Fund. Ltd.
Address of Executive Offices (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code)
c/o Brookline Avenue Partners, L.P., 100 Crescent Court, Suite 1100, Dallas, Texas 75201 (214) 775-3100
Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business
Investment Partnership
Type of Business Organization
corporation limited partnership, already formed other (please specify): Cayman Islands exempted
business trust limited partnership, to be formed company incorporated with limited liability
Month Year
Actual or Estimated Date of Incorporation or Organization:
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FN
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required; A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any materia changes from the information previously supplied in Parts A and B. Part II and the Appendix need not be filed with the SEC.
Filling Fee: There is no federal filling fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper around the proper state in a coordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)



	· · · · · · · · · · · · · · · · · · ·	A. BASIC IDEN	FIFICATION DATA		
2. Enter the information	requested for the fo	ollowing:			
		has been organized within to vote or dispose, or direc		of, 10% or more	e of a class of equity securities of the
,		porate issuers and of corportnership issuers.	orate general and managin	ng partners of p	eartnership issuers; and
Check Box(es) that Apply		☐ Beneficial Owner	☐ Executive Officer	☐ Director	⊠ Manager
Full Name (Last name firs Brookline Avenue Partn					
	dress (Number and	Street, City, State, Zip Cod as 75201	e)		·
Check Box(es) that Apply		ter   Beneficial Owner	☐ Executive Officer	⊠ Director	☐ Member of the General Partner
Full Name (Last name firs Slotnik, Charles B.	t, if individual)				
Business or Residence Ad		Street, City, State, Zip Cod rescent Court, Suite 1100			
Check Box(es) that Apply		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ Member of the General Partner
Full Name (Last name firs Morano, Richard M., II	t, if individual)	<u> </u>	<del></del>		
Business or Residence Ad		Street, City, State, Zip Cod			
Check Box(es) that Apply		rescent Court, Suite 1100  Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name firs Ruddick, Geoff	t, if individual)				
		Street, City, State, Zip Cod			
Check Box(es) that Apply		rescent Court, Suite 1100  Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and	Street, City, State, Zip Cod	e)		
Check Box(es) that Apply	: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and	Street, City, State, Zip Cod	e)	·	
Check Box(es) that Apply	: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Ad	dress (Number and	Street, City, State, Zip Cod	e)		

						B. IN	FORM	1ATIO	N ABC	UT O	FFERI	NG		
1. H	as the iss	uer sold			er intend Iso in Ap							ng?	Yes □	No ⊠
2. W	hat is the	e minim	um inve	stment t	hat will	be accep	ted fron	n any ind	dividual'	?			\$ <u></u>	000,000
3. D	oes the o	ffering p	ermit jo	int own	ership of	f a single	e unit:						Yes ⊠	No □
in of re (5	securitie gistered persons or that bro	any contes in the with the sto be linker or d	offering offering SEC and sted are lealer on	or simi . If a pe d/or wit associat ly.	lar remu erson to l h a state ed perso	neration be listed or state:	for soli is an as s, list the	citation sociated e name o	of purch person of the bro	asers in or agent oker or c	connect of a bro lealer. I	otly or ion with sales liker or dealer f more than five the information	<u></u>	
	ame (Las					<u>.</u> .						<u></u>		
Busine	ss or Res	idence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)					
Name	of Assoc	iated Bro	oker or I	Dealer					·					-
	in Which												П	All States
(Check	(Ali Sta	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Las	t name f	irst, if in	dividua	l)								•	<del> </del>
Busine	ss or Res	idence A	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	de)				,	<del>-                                    </del>
Name	of Assoc	iated Br	oker or [	Dealer							-			
	in Which												П	All States
[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]		7 (II Diales
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Las	t name f	irst, if in	dividua	l)									•
Busine	ss or Res	sidence A	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	de)	<u> </u>				<del>-</del>
Name	of Associ	iated Bro	oker or I	Dealer									· <u>-</u> -	
States	in Which	Person	Listed H	las Solic	ited or I	ntends t	o Solici	t Purcha:	sers				<del>.</del>	
(Check	: "All Sta	ites" or o	heck inc	dividual	States).					•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ř.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggre	gate	Am	nount Already
	, , , , , , , , , , , , , , , , , , ,	(	Offering			Sold
	Debt	\$_	. 0		\$	0
	Equity	\$_	0		\$	0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$	0		s	0
	Partnership Interests.	<u>«</u>	0		s	0
	Other (Specify Participating Shares)	\$34		935.32	\$343	3,604,935.32
	Total		13,604,			3,604,935.32
	Answer also in Appendix, Column 3, if filing under ULOE	±±-	<u> </u>	/33.32	Ψ <u>υ</u> Ξ.	7,004,755.52
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."					
			Num Inves		Do	Aggregate ollar Amount of Purchases
	Accredited Investors		44		\$343	3,604,935.32
	Non-accredited Investors		0		\$	0
	Total (for filings under Rule 504 only)		N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering		Туре		Do	ollar Amount
			Secu	rity		Sold
	Rule 505	_	N/A		\$	N/A
	Regulation A		N/A		\$	N/A
	Rule 504		N/A		\$	N/A
	Total		N/A		\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securithis offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.  Transfer Agent's Fees	ation : an	may	<b>-</b>	¢	0
	·			_	<b>J</b>	
	Printing and Engraving Costs				2	0
	Legal Fees			Ø	ž	92,400
	Accounting Fees				<u>\$</u>	0
	Engineering Fees				2	0
	Sales Commissions (specify finder's fees separately)				\$	0
	Other Expenses (identify)				\$	0
	Total		******	×	\$	92,400

	C. OFFERING PRICE, NUM	IBER OF INVESTOR	RS, EXPEN	SES AND USE	OF PR	ROCEED	S
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part proceeds to the issuer."	C-Question 4.a. This dif	ference is the	"adjusted gross			\$ <u>343,512,535.32</u>
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for a check the box to the left of the estimate. The toproceeds to the issuer set forth in response to Pa	ny purpose is not known, tal of the payments listed	furnish an es must equal th	timate and			
					Oi Dire	ments to fficers, ectors, & ffiliates	Payments To Others
	Salaries and fees				<b>S</b>		\$
	Purchase of real estate				\$		\$
	Purchase, rental or leasing and installation	of machinery and equip	nent		<b>s</b>		<b>s</b>
	Construction or leasing of plant buildings	and facilities			\$		\$
	Acquisition of other businesses (including may be used in exchange for the assets or	the value of securities in securities of another issu	volved in this er pursuant to	offering that a merger) 🗆	s		<b>s</b>
	Repayment of indebtedness				\$		\$
	Working capital				s		\$
	Other (specify) (investments)		***************************************		<b>s</b>	⊠	\$ <u>343,512,535.32</u>
	Column Totals		••••		<b>\$</b>		\$ <u>343,512,535.32</u>
	Total Payments Listed (column totals add	ed)				\$ <u>343,5</u>	512,535.32
		D. FEDERAL SIG	GNATURE	<u> </u>			
sign	issuer has duly caused this notice to be signed by ature constitutes an undertaking by the issuer to furnation furnished by the issuer to any non-accredi	rnish to the U.S. Securiti	es and Exchar	nge Commission,	filed un upon wr	der Rule 50 itten reque	05, the following st of its staff, the
Iss	uer (Print or Type) Sig	gnature		Date			
Br	ookline Avenue Offshore Fund, Ltd.	/m/n	Tormer	Septembe	er <u>5</u> , 20	008	
Na	me of Signer (Print or Type)	lle of Signer (Print or Typ					
Rie	chard M. Morano II Di	rector and Member of the	General Part	ner of the Manage	r of the	Issuer	
		ATTENT					
	Intentional misstatements or omiss	ATTENTI ions of fact constitute		ninal violations	. (See	18 U.S.C	. 1001),

		E. STATE SIGNATURE	
1.		resently subject to any of the disqualification prov	
	See Appendi	x, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in by state law.	which this notice is filed, a notice on Form D
3.	The undersigned issuer hereby undertakes to offerees.	o furnish to the state administrators, upon written	request, information furnished by the issuer to
4.		ssuer is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied.	
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this no	tice to be signed on its behalf by the
Iss	uer (Print or Type)	Signature	Date
Bro	ookline Avenue Offshore Fund, Ltd.	Jeff mm 8	September <u>5</u> , 2008
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	
Ric	chard M. Morano II	Director and Member of the General Partner of	the Manager of the Issuer

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

• 1		2	3	<del></del>		5		
	non-acc investor (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	:
AL	1.00	'''						
AK				<u> </u>			<u> </u>	
AZ		<u> </u>		· ·				
AR						-		
CA		х	\$95,357,500	20	\$95,357,500	0	\$0	No
со								
СТ		<u> </u>						
DE								
DC								
FL		Х	\$500,000	1	\$500,000	0	\$0	No
GA								
ні								
ID								
IL	ļ			<del></del>			ļ	
IN	<u> </u>							
IA						ļ -		-
KS						1.		
KY								-
LA					<u> </u>			
ME					,			
MD								
MA								
MI							<u> </u>	
MN				***				
MS								
МО							<u> </u>	<u> </u>

# APPENDIX

1	2		3	3 4						
	non-acc investors (Par	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	and aggregate offering price ffered in state  (Part C- Type of investor and amount purchased in State						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
MT										
NE										
NV							<del>-</del>			
NH										
NJ										
NM										
NY		х	\$2,347,480.32	2	\$2,347,480.32	0	\$0	No		
NC		·								
ND										
ОН										
ок										
OR										
PA										
RI										
sc										
SD										
TN										
TX		х	\$1,000,000	1	\$1,000,000	0	\$0	No		
UT							·			
VT										
VA										
WA										
wv										
WI										
WY			-					<u></u>		
PR	1							1		